

LEAVE REQUEST/AUTHORIZATION

NAVCOMPT FORM 3065 (3PT) (REV.2-83)

INSTRUCTIONS FOR COMPLETING THIS FORM
ARE ON THE REVERSE OF PART 3SEE REVERSE FOR
PRIVACY ACT
STATEMENT

1. DATE OF REQUEST		2. FOR ADMIN. USE ONLY			LEAVE CONTROL NO.						
		APPROVAL OF THIS LEAVE IS NOT VALID WITHOUT CONTROL NO.									
3. SSN		4. NAME (Last, First, MI)				5. PAYGRADE					
6. SHIP/STATION				7. DEPT/DIV	8. DUTY SECTION		9. DUTY PHONE				
10. TYPE LEAVE <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> REGULAR <input type="checkbox"/> SICK <input type="checkbox"/> EMERGENCY</div><div><input type="checkbox"/> SEPARATION <input type="checkbox"/> RETIREMENT <input type="checkbox"/> OTHER_____</div></div>				FOR USE OUTUS ONLY				12. MODE OF TRAVEL <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> AIR <input type="checkbox"/> BUS</div><div><input type="checkbox"/> CAR <input type="checkbox"/> TRAIN</div></div>			
				11a. Leaving Area of PERMDUTYSTA <input type="checkbox"/> YES <input type="checkbox"/> NO							
				11b. Taking Leave INCONUS <input type="checkbox"/> YES <input type="checkbox"/> NO							
13. DAYS REQUESTED		14. FROM (Hour, Date) (YYMMDD)		15. TO (Hour, Date) (YYMMDD)		16. NORMAL WORKING HOURS DAY OF DEPARTURE: FROM: TO: DAY OF RETURN: FROM: TO:					
17. LEAVE BALANCE		18. LEAVE USED THIS FY		19. LEAVE PHONE							
20. LEAVE ADDRESS						21. RATION STATUS (Enlisted) <input type="checkbox"/> Commuted Rations(COMRATS) <input type="checkbox"/> Meal Pass No. _____ Entitled to EDF meals except during periods of leave					
I CERTIFY THAT I HAVE SUFFICIENT FUNDS TO COVER THE COST OF ROUND TRIP TRAVEL. I UNDERSTAND THAT SHOULD ANY PORTION OF THIS LEAVE, IF APPROVED, RESULTED IN MY TAKING MORE LEAVE THAN I CAN EARN ON MY CURRENT UNEXTENDED ENLISTMENT OR CURRENT ACTIVE DUTY OBLIGATION, MY PAY WILL BE CHECKED FOR SUCH EXCESS LEAVE.						22. SIGNATURE OF APPLICANT					
RECOMMENDED <input type="checkbox"/> YES <input type="checkbox"/> NO						DATE					
<input type="checkbox"/> YES <input type="checkbox"/> NO						DATE					
<input type="checkbox"/> YES <input type="checkbox"/> NO						DATE					
<input type="checkbox"/> YES <input type="checkbox"/> NO						DATE					
23. Approved <input type="checkbox"/> YES <input type="checkbox"/> NO		Disapproved <input type="checkbox"/> YES <input type="checkbox"/> NO				DATE					
24. COMMENTS/REMARKS											
25. SHIP OR STATION (Including telegraphic address)				26. REPORT ON EXPIRATION OF LEAVE TO (If other than block 25)							
DEPARTED ON LEAVE		RETURNED FROM LEAVE		GRANTED EXTENSION OF LEAVE ENDING							
27a. HOUR	27B. DATE (YYMMDD)	28a. HOUR	28b. DATE (YYMMDD)								
27c. OOD'S SIGNATURE		28c. OOD'S SIGNATURE		29c. AUTHORIZING OFFICER'S SIGNATURE							
IN CONSIDERATION OF THE MEMBER'S COMPLETION OF A FULL WORKDAY (AS DEFINED IN MILPERSMAN, NAVPERS 15560) ON THE DAYS OF DEPARTURE AND RETURN, THE INCLUSIVE DAYS SHOWN ARE CORRECT AND PROPER FOR CHARGING AS LEAVE. I CERTIFY THAT THE ABOVE IS CORRECT AND PROPER TO THE BEST OF MY KNOWLEDGE.		30. INCLUSIVE LEAVE PERIOD		FIRST: (YY) (MM) (DD)			LAST: (YY) (MM) (DD)			31. NO. OF DAYS	
		TO BE CHARGED									
		32. CERTIFYING OFFICER'S TYPED NAME/RANK/TITLE			33. CERTIFYING OFFICER'S SIGNATURE						